

The 5A's Model of Care Management

Assess → Advise → Agree → Assist → Arrange

Assess

Identify factors that contribute to the initiation, exacerbation or maintenance of problems

Risk factors, behaviors, symptoms, attitudes, preferences

Administer PBHCI Care Management Assessment (PBHCI CMA refers to agency based assessment)

Administer NOMS

Advise

Specify personalized options for treatment and how symptoms can be decreased and functioning and quality of life/health can be improved.

Help clients understand interaction and interdependence of mental health, substance abuse and physical health – education to increase client motivation

Agree

Collaborate with client to define goals based on patient interest and motivation to change

Think about client homework, frequency of appointments, involvement of family members/peer supports

Create PBHCI IAP/Care Plan

Assist

Provide information, psycho education and patient education materials

Teach skills and help problem solve barriers to reaching goals

Based on Assess/Advise/Agree and PBHCI CMA, determine level of care management that is necessary (low, moderate or high)

Arrange

Specify plans for follow up based on level of need (phone calls, face-to-face, groups)

Make referrals for other BH or medical services as necessary

Levels of Care Management and Guidelines for Care Management Appointments

Low

Client meets with Care Manager face-to-face twice within first month for Care Management Assessment (CMA) and baseline NOMS. During these initial appointments, any necessary referrals are made. Care Manager makes a follow up phone call each month while client is in the program. Care Manager meets with client face-to face again at 3 months for follow up, unless client is stable and phone calls are sufficient. Care Manager continues with follow up phone calls monthly and meets with client face-to-face at 6 months for NOMS reassessment.

Moderate

Client meets with Care Manager face-to-face twice within first month for Care Management Assessment (CMA) and baseline NOMS. During these initial appointments, any necessary referrals are made. Care Manager meets with client face-to-face every month and calls client at least once per month for follow up.

High

Client meets with Care Manager face-to-face twice within first month for Care Management Assessment (CMA) and baseline NOMS. During these initial appointments, any necessary referrals are made. Care Manager meets with client face-to face monthly for follow up with a minimum of two follow up phone calls made each month in between visits.

NOTE: THIS IS A FRAMEWORK. Please be sure to increase outreach efforts when clients disengage with your services. Assessing engagement consistently will allow for time efficient and effective service and evaluation processes